2000 UNIFORM BUSINESS REPORT (UBR)

DOCUI	MENT # A207 6	7			Stone Fill	• 13
PINE RIDGE ASSOCIATES, LTD.				•	SECRETARY DIVISION OF CO	OF STATE RPORATIONS
Principal Place of Puninger Mailing Address					00 FEB 29 PM 12: 52	
Principal Place of Business Mailing Address **4415 FIFTH AVENUE **4415 FIFTH AVENUE					- '	1112:52
PITTSBURGH PA 15213 PITTSBURGH PA						
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2 De la Maria Addresa						
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State City & St.		City & State	State State		4. FEI Number	Applied For
City & State		ony a orano			59-2666032	Not Applicable
Zip Country		Zip Count		У		8.75 Additional ee Required
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered A	·
#: -				Name		
ANSBACHER, LEWIS			-	Street Address (P.O. Box Number is Not Acceptable)		
4215 SOUTHPOINT BLVD.						
STE 100						
JACKSONVILLE FL 32216				City FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or register	ed agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered	Agent signature required	when reinstating) DATE	
9. Capital Co as Shown	ntributions ¢608 700 00	10. Amount of Capita in FLORIDA to de		utions (),()	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR	
	A GENERAL PARTNER T	HAT IS A BUSINESS EN	TITY MU	ST BE REGIST	TERED AND ACTIVE WITH THIS OFFICE	nor
12.	NOTE: General Partners MA		13.	an amenumen	t must be filed to change a general part ADDRESS CHANGES ONL	
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NAME			Jine		My 319/00	
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	0	
DOCUMENT#	P31335 NDC REALTY INVESTMENTS, INC.			TADDRESS		
NAME				ADDRESS	9000031695092 -03/14/0001106024 ****141.25 ****141.25	
STREET ADDRESS CITY-ST-ZIP	1110111111111102		CITY-ST-ZIP			
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STREET ADORESS CITY - ST - ZIP			CITY-	ST-ZIP		
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NAME	Paul Made California Marie California Marie California Paul	,	SIRE	TADORESS		
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DOCUMENT #				T 4000500	100	
NAME			STREE	TADDRESS		
STREET ADDRESS CITY - ST - ZIP	40000		CITY-	ST-ZIP		
14 Lhoroby o	pertify that the information supplied with	this filing does not qualify for	the exen	nation stated in Se	ection 119.07(3)(i), Florida Statutes. I further cert	ify that the information
indicated	on this report is true and accurate and the or trustee empowered to execute this	that my signature shall have t	the same	legal effect as if re	nade under oath; that I am a General Partner of	the limited partnership or